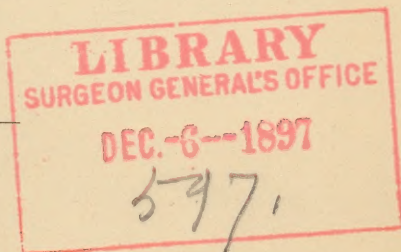


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GEAL DISEASE—TUBERCULOSIS,
SYPHILIS, EPITHELIOMA.

BY
CHAS. H. KNIGHT, M.D.,
OF NEW YORK.



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**THREE CASES OF OBSCURE LARYNGEAL
DISEASE—TUBERCULOSIS, SYPHILIS,
EPITHELIOMA.¹**

By CHAS. H. KNIGHT, M.D.,
OF NEW YORK.

CASE I. *A Case of Tuberculosis of the Larynx Simulating Malignant Disease.*—A man, about sixty years of age, came to my clinic at the Post-Graduate Hospital in October, 1896, presenting many of the features supposed to be pathognomonic of laryngeal cancer. The left half of the larynx was involved. It was infiltrated and immobile, and a smooth, reddish, sessile tumor projected into the cavity of the larynx from the left ventricular band. There were two or three small, hard, and sensitive glandular swellings at the level of the larynx near the anterior border of the left sternomastoid muscle. The left ala of the thyroid was sensitive to pressure, and the patient complained of spontaneous pain shooting up to the left ear. There was no tuberculous history. I made a provisional diagnosis of malignant disease. Within a few days suspicious pulmonary signs were reported, a little later tubercle bacilli were found in the sputum, and in the course of a week or ten days the right side of the larynx was invaded. Both arytenoids became infiltrated and clubbed, and an ulceration could be seen upon the laryngeal surface of the epiglottis, which itself had become symmetrically thickened and turbanned. The laryngeal picture was then almost typical of tuberculosis. This patient has since died of general tuberculosis. Such an anomalous development of tuberculosis in the larynx as this is extremely misleading, and in a younger subject might encourage unwise surgical intervention, especially if the progress of the disease is less rapid and the exhibition of unmistakable symptoms more tardy.

¹ Read at the Semicentennial Anniversary Meeting of the American Medical Association at Philadelphia, June 1-4, 1897.—Section on Laryngology.

CASE II. *A Case of Tuberculosis of the Larynx Complicated by Latent Syphilis.*—

In September, 1895, a gentleman was sent to me with a diagnosis of pulmonary tuberculosis. He had been losing flesh, having night sweats, and was annoyed by a hacking cough, with considerable expectoration. His voice had been very husky for several weeks. Four years ago this patient had an attack of gonorrhea and an ulcer of the frenum, which healed promptly under calomel powder. No secondary symptoms were ever discovered, and no antisyphilitic internal medication was given. The larynx was rather hyperemic. The arytenoids were distinctly clubbed. A somewhat superficial ulcer involved the left margin of the epiglottis and the adjacent aryepiglottic fold. No tubercle bacilli could be found in the sputum. A month later this patient returned to me with all his symptoms aggravated and with decided extension of the local lesions. Tubercle bacilli were found in numerous specimens of sputum examined. He was advised to go at once to Southern California. Improvement began immediately after his arrival there, but presently he became worse again. In the course of four months an ulceration appeared on the posterior wall of the oropharynx, so suspicious in character that his attending physician put him on mixed treatment. At the same time the ulcerated surfaces in the pharynx and larynx were sprayed with a ten- to fifteen-per-cent. solution of lactic acid. The dose of iodid of potash was gradually increased to 40 grains three times a day, and under this treatment all the symptoms underwent marked amelioration. The ulcers healed, the swelling of the arytenoids subsided, and the voice was gradually restored. At the same time a rapid and surprising improvement in the general condition took place.

At the expiration of a year this patient presented himself to me for examination in apparently perfect health. No traces of his old trouble could be detected, except

certain cicatricial bands crossing his posterior pharyngeal wall which were positively characteristic of old syphilis. He has resumed the practice of his profession in the East, and up to the present time has had no recurrence of the symptoms. Several questions difficult to answer are suggested by the foregoing case. They relate to the time and mode of syphilitic infection and to the influence of that accident upon the tuberculous disease. The evidence of the existence of each of these dyscrasiæ seems to be indisputable. There is but little doubt in my own mind that the sore referred to as having occurred in 1894, although very insignificant and of short duration, was a genuine infecting chancre. As often happens in such cases, early secondary symptoms, if they develop, escaped detection because of the very unimportance of the primary lesion. The arrest of the tuberculous process may be fairly attributed to change of climate, but it seems not unreasonable to assume the possibility of an antagonism between the tuberculous and the syphilitic diatheses which might have a mutually modifying influence.

CASE III. *A Case of Epithelioma of the Larynx Disguised by Marked Remission of Symptoms.*—The patient was a lady about forty years of age who came under my observation in April, 1896. Fourteen months before she had noticed an enlarged gland on the right side of her neck, and her voice became husky. She had attacks of violent paroxysmal cough, after which the sputum, which was generally moderate in amount, would be streaked with blood. There was some pain in swallowing, and a constant feeling of discomfort in the region of the larynx. There had been some loss of weight, ten pounds in a year, but no marked decrease of strength. The general condition was on the whole pretty good. Six weeks ago a tumor was discovered springing from the right vocal band. At the time of my examination this tumor, which concealed and seemed to involve all but the anterior third of

the right vocal band, was somewhat pale in color, and had an irregular surface. The ventricular band, the ary-epiglottic fold, and the epiglottis on the corresponding side, were thickened, and the right side of the larynx was motionless. The left side was normal. I removed a piece of the projecting tumor, under cocain, with Mackenzie's laryngeal forceps, and the specimen was pronounced an epithelioma. The patient was at this time seven-months pregnant, and it was decided to postpone operative interference. After her confinement, which was free from complication, she made very marked improvement. The slight sense of dyspnea, which had previously existed, entirely disappeared. Her voice was regained sufficiently to enable her to sing in a low tone. A few weeks later she had an attack of pleurisy, with effusion on the left side, from which she seems now to have entirely recovered. Her present condition is one of comparative comfort. The laryngeal tumor is reported not to have increased in size very much during the past year. The enlarged cervical glands are still noticeable, but are much smaller than they were a year ago. At times she suffers a great deal of pain in swallowing, and coughs immoderately. There is no fetor to the breath, and the secretions from the larynx are not excessive. When lying in certain positions she suffers some inconvenience from obstruction to respiration, but otherwise she has no dyspnea. Her pain has never been severe enough to require anodynes, except the occasional use of a four-per-cent. solution of cocain as a laryngeal spray. The question of operative interference was left to the decision of the patient herself and of her husband, who is a physician, and the conclusion seems to be that she is quite as well off to-day as she would have been without a larynx, had she survived the operation.

In spite of the fact that many of us may have had the unhappy experience of being misled on certain occasions

by the microscope, these cases served to impress upon me the importance of subjecting all of our laryngeal neoplasms to microscopic examination, more especially those occurring at and after middle life. Otherwise, in most cases, we have no means of making a positive diagnosis of incipient cancer of the larynx. In the absence of definite microscopic testimony, we shall be forced to reach an opinion by exclusion. Late cases are generally characteristic, but the early stages of malignant disease present no objective appearances which may be safely relied upon for diagnosis. The development of the Röntgen ray as a diagnostic resource is awaited with interest. It seems reasonable to expect that it may eventually give us valuable information as to the extent of the infiltration and the limits of a diseased area.

With regard to laryngectomy, I am disposed to class myself with the opponents of *complete* extirpation. When the disease has so far advanced as to demand such radical procedure, the case is well-nigh hopeless. By the time the whole larynx, or a large part of it, is involved, the disease has presumably disseminated itself far beyond the boundaries of any feasible operation. The involvement of glandular structures, remote as well as in proximity to the larynx, renders recurrence at the site of operation or elsewhere almost inevitable. No doubt the statistics of laryngectomy are becoming more favorable with improvement in technical details of the operation and of after-treatment. Nevertheless, it seems to me that in order to reach a just conclusion as regards extirpation of the larynx in a given case, we have to consider another question than that of statistics, namely, the temperament of the individual upon whom it is proposed to operate.

To a person of stolid, phlegmatic disposition, the loss of the larynx is of much less consequence than to one of sensitiveness and refinement. To the latter deprivation of the power of speech becomes almost insupportable, and

the kind of speech without a larynx acquired by some of these unfortunates, as in Cohen's famous case, in one more recently reported by Ward,¹ and in several others, or that provided by the various ingenious substitutes for the normal larynx, offers very poor consolation. It has been my misfortune to observe several cases of laryngectomy in which the patient lapsed into a morbid mental condition bordering upon suicidal melancholia. Whenever the question of operative interference arises it would seem wise to take this matter into consideration.

My object in briefly reporting these three cases is first to call renewed attention to the difficulty of making a diagnosis from the clinical history and the objective appearances, and to insist upon the importance of the microscope as an diagnostic adjuvant even in apparently innocent cases; in the second place, to remind you of the possible concurrence of several pathologic conditions; and finally, to protest against indiscriminate operating in malignant disease of the larynx.

¹ *Trans. Clin. Soc.*, xxix, 1896.

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